

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/587642

FILING DATE

23 MAY 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/		/	
2			/	/	/	/
3			/	/	/	/
4			/	/	/	/
5			/	/	/	/
6			/	/	/	/
7			/	/	/	/
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48			/	/	/	/
49			/	/	/	/
50			/	/	/	/
TOTAL IND.			5		6	
TOTAL DEP.			43		40	
TOTAL CLAIMS			48		46	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						